


Mental health unit



WHAT'S INCLUDED IN YOUR WELCOME PACKET

- Mental health philosophy of care
 - Community expectations
 - Parent/legal guardian rooming-in agreement
 - Mental health unit frequently asked questions
 - Sample daily program schedule
 - My health passport
 - 12-Hour notice of intent to leave hospital
- 



You matter.

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CHILDREN'S MINNESOTA



Mental health philosophy of care



Everyone deserves a healthy, happy childhood. That's why we at Children's Minnesota devote ourselves to caring for the physical and mental health needs of kids in our community. As children face an unprecedented mental health crisis that we see firsthand every day in our hospitals, now more than ever, it is imperative that we invest in mental health care as deliberately as we invest in other medical treatments. Children today desperately need access to the full spectrum of mental health care, no matter where they are on their journey, and we are proud to join other leaders in the region to deliver that care.



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Community expectations



We ask that all patients and visitors understand and respect the community expectations to ensure that everyone on the inpatient mental health unit has a safe environment.

Behavior and safety

- **Be kind, respectful and safe.** We are all responsible for the energy that we bring into this space. Please consider how your words and actions impact others.
- **Use and respect everyone's name and pronouns.** Everyone deserves to feel safe here. We will kindly remind others if we notice this is not being followed.

Boundaries

- **Respect the physical boundaries of others at all times.** Hand hugs, handshakes, fist bumps, and high fives are the only physical contact allowed. Physical touch may be triggering for people.
- **You may only enter your own room.** It is important to always respect the personal space of others.
- **Keep personal information (what school you go to, your phone number, your social media handle, etc.) to yourself.** This protects your privacy and helps you and your peers stay focused on your own treatment. Contact outside of the hospital with peers is strongly discouraged.

Group expectations

- **Attendance and participation in group programming is expected.** If you need support during group session time, please let a staff member know. We are happy to help!
- **Be respectful to peers.** What's said in group sessions, stays in group sessions. Allowing everyone to share and maintaining confidentiality will help create a safe space. If something is said that is bothersome or concerning, talk to a staff member one-on-one outside of group sessions about your concern.

A large, stylized graphic at the bottom left of the page featuring a heart shape with a plant stem and leaves to its left. The text "You matter." is centered within the heart.

You matter.



Community expectations



Community space

- **Keep our community spaces clean.** We share responsibility for our community spaces and will work together to keep them clean and free of clutter. Food is not able to be stored or saved in your room. Please ensure all food goes back to the cart for removal off the unit.
- **All blankets, bedding and bedside personal items must remain in your room.** This helps us prevent the spread of germs.
- **Group sessions.** We ask that you attend all of your assigned group sessions. If you are not feeling up to it, check in with a staff member and work together to find an alternate activity to do in your room.
- **Room checks.** Staff will respectfully enter and search your room twice daily to monitor for safety concerns – this can happen with or without you being present.
- **Phone calls.** Calls can be made to and from parents/legal guardians using the unit supplied phones. Any other contacts (a maximum of three in addition to parents/legal guardians) must be approved by a parent/legal guardian and the treatment team. Calls should be made during non-group session times and limited to 10 minutes. Please ask permission from a staff member to make a phone call. If you receive a call and you are unavailable, we will give you a message to call the person back.



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Community expectations



- **Visitors**

Parents/legal guardians may visit at any time. One parent/legal guardian can stay overnight. Parents/legal guardians need to sign a visitor contract and have limited belongings when visiting the unit.

Other visitors may visit during scheduled visiting hours. Standard visiting hours are daily from Noon-1 p.m. and 5-7 p.m.

- Visitors include any caregiver or extended family member (18+). Siblings under 18-years-old cannot visit unless approved by your treatment team.
- Any visitor must be approved by a parent/legal guardian and treatment team.
- Only three visitors per patient are allowed on the unit at any time (including a parent/legal guardian rooming-in).
- Standard visitation rules and hours may be limited by the hospital without notice.

Parents/legal guardians and visitors are not able to attend group sessions with you due to the privacy needs of other patients. Please share with them what you are learning as you are comfortable – without sharing details of what other patients say in group sessions.

- **TVs**

TVs may be made available outside of group time and periodically per programming and individual treatment plans. Parents/legal guardians rooming-in may access TV per staff assistance during these times. TVs will not be available overnight to promote restful sleep.



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PARENT/LEGAL GUARDIAN ROOMING-IN AGREEMENT

Date: _____ Time: _____

Patient name: _____

Parent/legal guardian name: _____

I. Standard visiting hours are daily from 12-1 p.m. and 5-7 p.m.

- This includes any caregiver or extended family member (18+). Siblings under 18 years old cannot visit unless approved by the treatment team.
- Any visitor must be approved by the parent/legal guardian and treatment team.
- Only three visitors per patient are allowed on the unit at any time (including the parent/legal guardian rooming-in).
- Standard visiting rules and hours may be limited by the hospital without notice.

II. Parent/legal guardian rooming-in hours are 24/7

- A parent/legal guardian needs to sign the Parent/legal guardian rooming-in agreement before coming onto the unit.
- Only one parent/legal guardian is allowed to stay between 9 p.m.-7 a.m.

III. Visitor check-in

- All visitors need to check in at the Children's Minnesota Welcome Center when visiting, and each morning if staying overnight.
 - Keep your visitor sticker on at all times.
 - Welcome Centers are located on the 2nd floor near the main entrance, and 1st floor near the Emergency Department.
- For the safety of everyone on the unit, all visitors are required to comply with the Unit Visitor Check-in Procedure.
 - Cell phones are not allowed on the unit.
 - Any items brought by visitors will be searched.
 - All visitors will be asked to empty their pockets and lock their belongings in a locker.
 - All visitors will then be scanned with a metal detector.
- A parent/legal guardian rooming-in will need to follow the list of restricted access items.
 - Exceptions to this include: underwire bras, rings and piercings (must remain on-person).
 - Any personal items brought for the rooming-in parent/legal guardian must be searched by staff.



I. On-unit visiting

- For the privacy of all patients, you need to stay in your child's room during the entire visit.
 - You can use the call light to reach a staff member if needed.
 - You cannot leave your child's room unless escorted by a staff member.
- You may not participate in or observe any group programming.
- While on the unit, you should only interact with your child and staff.
- I understand that Children's Minnesota is not responsible for lost or stolen items I may choose to bring into the hospital with me. I agree to keep my locker key on my person at all times during the visit.

II. Visiting expectations

- Physical abuse (spanking, hitting, etc.), verbal abuse (name calling, putting down, etc.) and threatening behaviors toward children or staff will not be allowed. If we see these behaviors, we will ask you to leave immediately.
- If staff believe the visit is not going well:
We want families to develop the skills they need to effectively communicate with their child, so we may use some of these moments to help teach you those skills. If the visit continues to not go well, we may ask you to step off the unit for a short time.
- In the event of a violent situation between a patient and visitor, two visitors or a visitor and staff member, the visitor will be removed and not able to return for the duration of patient stay.
- If the child is in immediate risk of danger to themselves or others, they may be physically stopped by staff. Visitors cannot participate in any way with this process and will be asked to step off the unit it is safe to return.

I acknowledge and agree to the visiting and rooming-in guidelines outlined above.

Signature: _____ Date/time: _____

Staff to ensure completion and place in patient file stored on unit.



Frequently asked questions

for parents/legal guardians



Q: What is the agreement I have to sign? What happens if I do not follow these rules while on the unit?

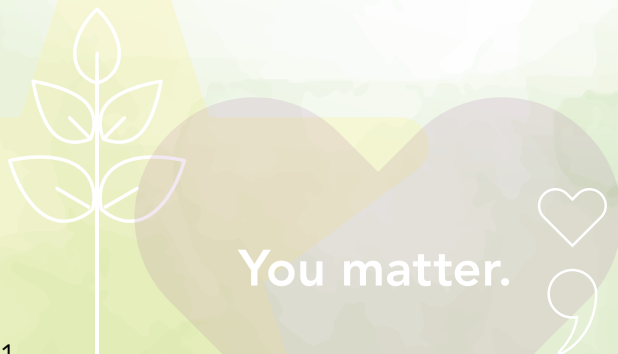
A: The Legal Guardian Rooming-in Agreement (located in this packet) is important to keep the unit safe. Every part of this agreement has been determined by state or regulatory policies as well as organizational policies and procedures. As a parent/legal guardian rooming-in, you will be required to sign and follow the expectations in the agreement in order to stay with your child. If you decline to sign, we will ask you to leave. If at any point during your stay the care team determines this agreement is not being followed, we will ask you to leave the facility. The treatment team will determine when and if return is appropriate. Please let us know if you have any questions or concerns about the agreement.

Q: Why can't I watch my child while they are in group sessions?

A: We cannot allow any visitors to watch group sessions or any other treatment due to privacy. We want to create a safe and engaging atmosphere for all patients and having an audience for group sessions compromises that. Instead, we encourage you to ask your child to share with you what they are learning and what activities they are doing in group sessions. This sends a message to your child that you care about what they are learning and that it is important. Having them share with you may also help them to better understand and retain the information.

Q: Can my child skip group sessions so that they can spend time with me?

A: Although spending time with your child is very important, the group sessions are significant to their treatment. Therefore, we suggest visiting during mealtimes. We ask that you help us convey the message that group sessions are important to attend.



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Frequently asked questions

Q: What if I can't visit during mealtimes when my child is not in group sessions?

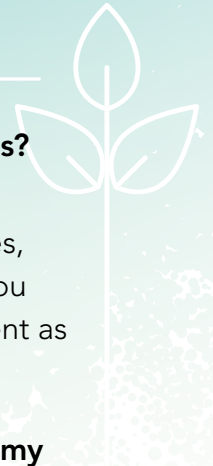
A: We understand that many families have other obligations such as work or other children that they need to care for. If you are unable to be present during mealtimes, please let someone from your child's treatment team know and we will work with you on a plan to ensure that your child gets the necessary components of their treatment as well as quality time with you.

Q: Why do I need to stay in my child's room while I visit? I want to see where my child is spending their time.

A: It is understandable that you want to familiarize yourself with the unit and where your child is spending their time. However, we have a responsibility to protect the privacy of all of our patients and this requires us to be mindful of where visitors are at all times. Patients are welcome to move around the lounge spaces and walk to and from their rooms so any time you leave your child's room, you could be encroaching on the privacy of another child.

Q: Why are there so many rules about what I can bring on the unit? I have important items that I want to bring my child to help them feel more comfortable.

A: We do our best to balance having a safe and comfortable atmosphere for all of our patients and families. In an acute crisis stabilization setting, there are many items that have too much potential risk to the safety of your child, other children and staff. We respect that you know your child's needs and comfort items the best, and we encourage you to share that information with us. We will do our very best to develop alternative plans that still meet our safety requirements and protocols.



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Frequently asked questions



Q: Why are there so many items that I cannot bring on the unit? What about my cell phone?

A: Because parents/legal guardians are able to stay for extended periods of time on the unit, we need to take extra precautions to ensure everything you bring to the unit does not interfere with your child's treatment or pose a risk to the safety of your child, other patients or staff. For example, we ask that you do not provide your child with caffeinated beverages during their stay because it may give us an inaccurate picture of how medications and treatment are working.

Cell phones are not allowed in the unit in order to protect the privacy of all patients. If you have any questions about what items can or cannot be brought into the unit, please ask any member of your child's treatment team.

Q: My child says they have made friends on the unit. Can I meet their friends?

A: We understand why you would ask this question. Outside of a treatment setting, this would be a perfectly healthy consideration for any parent/legal guardian. Due to privacy and safety, we cannot allow you to meet other patients in the unit and ask that you do not initiate contact with anyone outside of staff and your child while in the unit. Some patients may not feel comfortable engaging with other families, and some parents/legal guardians may feel uneasy about their child interacting with unknown adults. We do not want to inadvertently put any patient in a situation where they feel inclined to interact or share information with someone that they do not know.

Q: What about other parents/legal guardians? Can I engage with them while on the unit?

A: We strongly encourage you to utilize parent/legal guardian support groups through the National Alliance on Mental Illness (NAMI). Groups are led by a trained volunteer through NAMI and are a safe place for parents/legal guardians and caregivers to seek support and understanding from other parents/legal guardians that also have a child with mental health needs. Learn more at nami.org.

Please do not interact with other parents/legal guardians while on the unit, even if you have met them in a support group. We ask that interaction is held outside the unit so that we can maintain safety and keep the unit focused on the patients and their treatment.



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Frequently asked questions

Q: Why is someone checking my child's room overnight? If I am here, do they really need to keep checking?

A: We have an obligation as an inpatient mental health provider to check your child's room every 15 minutes to ensure your child is safe. We know this can be disruptive, so we try to be as discreet as possible. Even with a parent's/legal guardian's presence, we are ultimately responsible for your child's safety while they are on the unit and, therefore, need to continue checking.

Q: What else should I know as a parent/legal guardian while I am on the unit?

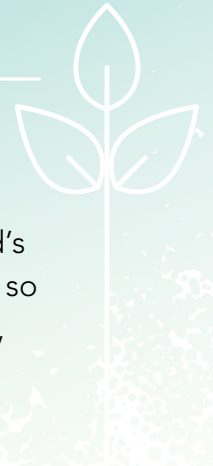
A: We understand that this is a lot of information to take in and remember. We will remind you of our policies and procedures when needed, but please do your best to follow the expectations on the unit. All of the policies and procedures are put in place to keep everyone safe.

Phone calls

We ask that you give the treatment team a list of people who your child may contact over the phone. During non-group session times, your child may use the phone for about 10 minutes at a time. If you or another contact calls during group sessions, we will leave a message with the child to return the call when they can.

Behavioral escalations and emergencies

There may be times that your child or another patient begins to escalate on the unit. If your child begins to escalate, we invite you to let us know what may or may not be helpful for them. If your child allows, we invite you to perform any comfort measures you may use at home (stuffed animal, holding, singing, etc.). If your child's behavior seems to be escalated by your presence, we may ask you to step away for a short time while we work to de-escalate the situation.



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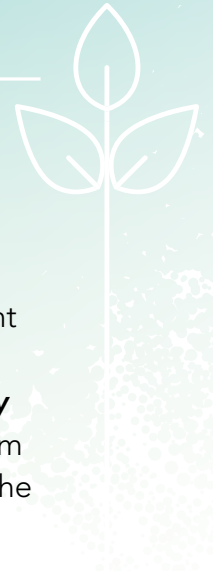


Frequently asked questions

All of our staff have been trained in the use of verbal de-escalation and other regulation techniques. Despite best efforts to de-escalate, some children can become so dysregulated that they begin harming themselves or others. **This is considered a behavioral emergency** and staff will need to intervene to keep everyone safe. This is always a last resort and can be stopped as soon as the patient is in control of their behavior. **In the event that we need to physically hold your child, for everyone's safety, we ask that you step back and do not assist in any way.** A staff member will provide support to you outside of the unit. The entire team is trained to safely handle these situations and any disruptions could compromise the safety of you, your child and the staff.

During behavioral emergencies where there is an immediate threat of a patient harming themselves or others, staff may give an oral (pill) or intramuscular (shot) emergency medication that is always reviewed by the physician and pharmacy before given. When the care team determines the patient is an immediate threat to themselves or others, the patient may also be temporarily placed in a safety chair or seclusion room and removed as soon as possible. In these situations, they are medically assessed by a doctor or nurse and continuously monitored by a staff member. As soon as safely possible, we will discontinue these interventions.

Although necessary to keep everyone safe, these interventions can be very distressing for the parent/legal guardian and child. For this reason, parents/legal guardians will not be able to accompany their child and a staff member will escort parents/legal guardians to wait outside of the unit. If you are not on the unit at the time of the incident, we will always notify you of these events by phone. If you have questions or concerns about this, we encourage you to discuss them with any member of your child's treatment team.



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SAMPLE Daily program schedule



ADOLESCENT UNIT							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:30-8:30 a.m.	Wake-up, breakfast, personal care and vitals					Wake-up, breakfast, personal care and vitals	
8:30-9 a.m.							
9-9:30 AM	Community meeting and goal setting					Community meeting and goal setting	
9:30-10 a.m.	Movement group						
10-11 a.m.	Child Life group	Art therapy	Music therapy	Art therapy	Art therapy	Music therapy	Child Life group
11 a.m.- 12 p.m.	Psychoeducation group					Recreation therapy	
12-1 p.m.	Lunch and independent leisure time						
1-2 p.m.	Art therapy	Child Life group	Art therapy	Child Life group	Music therapy	Group therapy	
2-3 p.m.	Group therapy					Coping skills practice	
3-3:30 p.m.	Check-in and coping skills review					Wellness group	
3:30-4 p.m.	Wellness group and snack						
4-4:30 p.m.	Coping skills practice					Creativity group and snack	
4:30-5 p.m.						Recreation therapy	
5-5:30 p.m.	Dinner and independent leisure time						
6:30-7:30 p.m.	Art therapy	Music therapy	Art therapy	Child Life group	Recreation therapy	Movie time	
7:30-8 p.m.	Community meeting						
8-8:30 p.m.	Snack and quiet time						
8:30-9 p.m.	Relaxation group					Relaxation and snack	
9-9:30 p.m.	Personal care and bedtime						

SAMPLE Daily program schedule



CHILD UNIT							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:30-8:30 a.m.	Wake-up, breakfast, personal care and vitals						
8:30-9 a.m.	Quiet play					Wake-up, breakfast, personal care and vitals	
9-9:30 a.m.	Community meeting						
9:30-10 a.m.	Recreation therapy						
10-11 a.m.	Group therapy						
11 a.m.- 12 p.m.	Child Life group	Child Life group	Child Life group	Music therapy	Art therapy	Music therapy	Child Life group
12-1 p.m.	Lunch and independent leisure time						
1-2 p.m.	Psychoeducation group					Coping skills practice	
2-2:30 p.m.	Check-in and skill of the day					Music therapy	Child Life group
2:30-3 p.m.	Art therapy	Music therapy	Music therapy	Art therapy	Art therapy		
3-3:30 p.m.						Creativity group	
3:30-4 p.m.	Coping skills practice						
4-4:30 p.m.							
4:30-5 p.m.	Wellness group						
5-5:30 p.m.						Movement group	
5:30-6:30 p.m.	Dinner and quiet time						
6:30-7:30 p.m.	Creativity group					Movie time	
7:30-8 p.m.	Relaxation and snack						
8-8:30 p.m.	Personal care and quiet time						
8:30-9 p.m.	Bedtime						



My health passport



DEAR PATIENT,

Please take a few moments to fill out this form so we can get to know you better. This information will be used to better care for you during your time in our hospital and clinics. You can update this form at any time while you are here – this is all about you!

THANK YOU.

I like to be called:

I like to be referred to by these pronouns:
(examples: she, he, they)

I communicate by:

Talking: language

Using my hands/sign language

Using a communication board/
pictures

Other:

Here are some things I like to read,
play, watch:



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My health passport



Things that really upset me:

When I am upset or overwhelmed, I may:

- Yell
- Get really quiet
- Other:
- Cry
- Become restless
- Hurt myself or others
- Fidget
- Try to run away
- Pace

Things that help me calm down:

- Coloring
- Eating a snack
- Other:
- Warm blanket
- Listening to music
- Deep breathing
- Hot or cold packs
- Journaling
- Stress ball or fidget



You matter.



My health passport



Important people in my life:

Person that helps me calm down:

When I am hurting, I:

- Use words
- Cry
- Yell
- Other:
- Get really quiet
- Hit/kick
- Become restless

It is OK to tell your nurse when you are hurting.

I have a hard time with:

- Needles
- Medications
- Vitals/blood pressure cuffs
- Other:

Ways to help with my care:

- Numbing cream
- Comfort item
- Other:
- Distraction

Food and drink concerns/preferences:

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My health passport



Other information I would like you to know about me:

Completed by:

Relationship:



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12-Hour notice of intent to leave hospital



Procedure statement

1. A patient 18-years-old admitted to the inpatient mental health unit (IPMH) at Children's Minnesota on a voluntary basis may request in writing to be discharged against medical advice at any time during their hospitalization.
2. The legal guardian of a patient 17-years-old or younger admitted to the inpatient mental health unit at Children's Minnesota on a voluntary basis may request in writing for their child to be discharged against medical advice at any time during their hospitalization.

A 16- or 17-year-old that voluntarily consents to inpatient mental health treatment in accordance with MN Statute 253B without notification of their legal guardian may themselves request in writing to be discharged against medical advice at any time during their hospitalization. Discharge will be dependent upon the team's determination of an adequate discharge plan.

3. Children's Minnesota will notify patients and their legal guardian (if applicable) in writing at the time of admission of the process for requesting to leave the inpatient mental health unit against medical advice and will be allowed to leave within 12 hours of their written request to do so unless an emergency or court-ordered hold is in place.

Purpose

To protect rights to refuse treatment in compliance with MN Statute 253B (Minnesota Commitment and Treatment Act).



You matter.





12-Hour notice of intent to leave hospital



Procedure

1. The patient or parent/legal guardian must write out a request to leave the hospital, including the date, time and their signature.
2. A registered nurse (RN) or designee will witness the written request by signature. The request must be dated and timed both by the patient or parent/legal guardian and the witness.
3. The RN informs the charge RN/designee on duty immediately of the 12-hour notice.
4. The RN must document receipt of this notice in the electronic medical record (EMR) and place notice in the paper chart. Patients may be given a copy if they desire. The RN notifies the physician immediately (or as soon as possible following receipt of the written request).
5. The provider will:
 - A. Meet with the patient and/or parent/legal guardian to discuss discharge or alternative treatment
 - B. Authorize an AMA discharge no later than 12 hours after the request is signed;**and/or**
 - C. Place the patient on an emergency hospital hold (72-hour hold). Once the patient is on a 72-hour hold, the 12-hour notice of intent to leave becomes invalid and the patient must stay until such time they are either released by the physician or the 72 hours have passed.
6. The 12-hour notice of intent to leave is inclusive of Saturdays, Sundays and holidays.
7. If during this 12-hour period the patient or parent/legal guardian wishes to rescind this request, they can write this on the chart copy request.
8. If a 12-hour notice of intent to leave is rescinded by the patient or parent/legal guardian – even if it is given and rescinded in a matter of minutes – this should be clearly documented in the chart. The RN will also notify the physician and patient care manager/designee on duty.



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